

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

FORM NO. **09/817,004**
APPLICANT'S

FILED DATE

3-22-03		11-18-03 CLAIMS													
ADJUSTER		ADJUSTER		ADJUSTER		ADJUSTER		ADJUSTER		ADJUSTER		ADJUSTER		ADJUSTER	
NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP
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TOTAL NO.	10	8	5												
TOTAL DEP.	11	9	9												
TOTAL CLAIMS															